FILING DATE 04/608313 APPLICANT(S) MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. IND. DEP. DEP. IND. DEP. IND. IND. DEP. 7. ſ i Ŧ -Т 1 . Т T 1 . , j ī ŧ ī ı ł \overline{I} t. T. ı 7. 85_ .1 ŧ TOTAL TOTAL TOTAL TOTAL DEP. TOTAL CLAIMS

TOTAL

PTO-1360 (3-78)